

S. 113. a.

VISITING
NURSE SERVICE

Administered By

HENRY STREET SETTLEMENT



BULLETIN
of
INSTRUCTION

Central House
97-99 PARK AVE. - NEW YORK CITY

Price 25 cents

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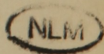
PREFACE

In this revision of the Bulletin of Instruction, the technique is based upon accepted standards, employed to meet the demands of this service.

The purpose is to give the field nurse a guide in maintaining proper standards of procedure as she meets the different situations in the home.

To the Child Welfare Federation, and the Maternity Centre Association of New York City is due an acknowledgment for the standards of procedure in Maternity and Infant care; also sincere appreciation to those members of the Henry Street Visiting Nursing Service and others who have contributed valuable suggestions and advice.

Naomi Deutsch,
Elizabeth R. Brackett,
Emilie G. Robson, *Chairman,*
Committee on Revision.



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INTRODUCTION

Administration

The Administrator of the Settlement is President of the Board of Directors and Chairman of the Committee on Nursing. The Finances are controlled by the Board of Directors of the Henry Street Settlement. Direct administration of the nursing service is lodged in the Committee on Nursing.

History of the Work

The Visiting Nurse Service of the Henry Street Settlement, established over twenty-five years ago, undertook in the beginning to give trained nursing service to those men, women and children in the immediate neighborhood of the Settlement for whom hospital treatment was not practicable. An estimate made at that time has since been confirmed by various authoritative investigations, showing that ninety per cent of sickness is cared for in homes and only ten per cent in hospitals. "It is idle to argue that if a city provides the hospitals, the people when sick should go to the hospitals. The largest proportion of sickness has been and will continue to be, cared for in the homes." Society has come to recognize the social and educational value of nurses in the homes, and the work of the service has consequently expanded until now it covers the boroughs of Manhattan, Bronx, and Richmond.

Function

It is the function of the Visiting Nurse Service to give skilled nursing care in the homes and instruction in personal hygiene, sanitation and the prevention of disease; also as far as possible, to solve the related social and economic problems that are met with in the families under its care either by using the resources of the organization or referring the problems to the proper co-operative agencies. The maternity service includes pre-natal care, instruction and post-natal care at least until the end of the first month. A twenty-four hour delivery service is carried on in several sections of the city. In addition to the preventive work in the field, prenatal and diagnostic clinics are conducted in most of the Centers.

Co-operation

The Visiting Nurse Service arranges for convalescent care for many hundreds of cases a year either through other agencies or in the country homes maintained by the Settlement.

It is hoped that the nursing staff will consider themselves as occupying positions of unusual opportunity for promoting the social as well as the physical welfare of their patients. They are expected to report bad housing

conditions, violations of compulsory school or child labor laws, etcetera, and in all ways to regard themselves as serving the family and the community as a whole, as well as the individual patient.

Whenever a nurse discovers a family apparently in need of food, fuel or clothing, she is expected to report it immediately to the proper relief agency, which then becomes responsible for an investigation of the needs and resources of the family, and proper provision for relief. In cases of emergency, nurses are authorized to give immediate relief in food, fuel or clothing, that there may be no risk of suffering during the interval which must elapse between the receipt of the report and action on the part of the relief society. In order that the professional function of the visiting nurse be understood, it is important that the patient should not regard material relief as a part of her service. The Visiting Nurse Service works independently and has no agreement for special rates with individual physicians or institutions. The Metropolitan Life Insurance Company pays for the visits made to its Industrial Policy Holders, as do the Mutual Benefit Association of the National Cloak and Suit Company, and other organizations and industries with whom the Visiting Nurse Association co-operates through visits to their members.

GENERAL INSTRUCTIONS

New Calls

New calls must reach the District Office before 9 A. M., to be visited the same morning; and before 2 P. M., to be visited the same afternoon.

A nurse is sent in response to every new call, but care is continued only when a physician is in attendance. New cases are visited first, morning and afternoon, others in order of their importance.

Medical Attendance

All patients requiring nursing care must have a physician in attendance. If the family is unable to pay for the physician's services, the following arrangements may be made: (1) A physician may be called from a dispensary having district service. (2) In districts where there is no such service, through consultation with the supervisor, a free visit from some private physician may be arranged. (3) If the patient seems to be suffering from a communicable disease, a doctor from the Department of Health may be called to make a diagnosis. Nurses are expected to communicate with the doctor in attendance on each patient and must strictly observe professional etiquette. A nurse must never prescribe for a patient.

Physician's Orders

The field nurse carries out physician's orders only when received through the following channels:

- a. Orders written by the physician.
- b. Verbal orders given direct to the field nurse or to the association by the physician.

If a physician is in attendance and no written orders have been left, and the patient's condition indicates that immediate treatment is necessary, every effort should be made to communicate with the physician at once.

To Obtain Diagnosis, Orders for Treatment, Etc.

A diagnosis of every patient cared for is sent to the Record Office. Only a physician's diagnosis is accepted. A statement is made as to whether the disease or disorder follows any other illness, and any complications that may have arisen during treatment are noted. In dismissing a case where the physician has failed to give a diagnosis, the symptoms and condition of the patient are stated clearly. If the physician has not given a diagnosis or left orders for treatment, a note is written to him on the bedside chart, asking for diagnosis and orders. If suspicious of communicable disease, the nurse telephones him. If an unsatisfactory diagnosis is given, the nurse telephones or writes again asking for the exact information desired. If diagnosis is not obtained before the case is closed, the form letter for diagnosis should be sent the physician, signed by the supervisor.

When the patient has been removed to the hospital before the diagnosis has been made, it may be obtained by sending the form letter to the superintendent of the hospital. If the patient is attending a dispensary, the card number of the patient can be obtained and the supervisor will send the form letter to the Social Service Department or to the Superintendent of the Hospital.

Hospital Care

Hospital care should not be advised without the sanction of the doctor in attendance.

Fees

Each patient is expected to pay for the cost of a nursing visit, or as much of it as his circumstances will permit. The nurse gives free care only to those patients who, in her judgment, cannot afford to pay any part of the fee.

Nurses shall not receive presents of any kind from patients or friends of patients.

A "Financial Statement" itemizing receipts and expenditures for the preceding day, is made by each member of the staff, and the account settled daily.

Sunday Work

Only acutely ill patients, new maternity cases and such other maternity cases as are unable to have other care are visited on Sunday.

Substitute Visits

Field nurses are instructed to inform patients of the expected day off duty, in order to prepare the way for the substitute nurse. Before the field nurse goes off duty, a list of substitute visits to be made is left on a special sheet provided for that purpose.

Visitors

Only such visitors as arranged for with the supervisor, may accompany the nurse to the homes of the patients. It is expected that these visitors will wear suitable uniform.

GENERAL ROUTINE

I. Introduction

A. An opportunity to make preliminary observation visits with a field nurse before assuming any responsibility in the actual work of the district is given to each nurse entering the service. The assignments for these visits are made by the supervisor. A brief outline or report of these visits is made by the nurse observing, and returned to the supervisor at a specified time.

B. Each member of the staff is required to keep herself supplied with the following:

1. Guide Book of New York City.
2. Small note book.
3. Fountain pen.
4. Sharp lead pencil.
5. Ink and pencil eraser.

II. Nurse's Bag

A. The field nurse's bag and contents are furnished by the association. A deposit of \$2.00 is required at the time of issue. This deposit is refunded when the service is terminated, if the bag contents are returned in proper condition.

B. The name of the nurse and the address of the Centre must be inserted in the place provided for it, on the end of the bag, at the time of issue.

C. Contents.

Glass:

- I catheter.
- I douche nozzle.
- I graduated irrigation tip.
- I test tube.
- 3 thermometers (rectal in black case, mouth in nickel case, emergency in aluminum case).
- I Urinometer, in case.

Instruments:

- I or more pr. scissors.
 - I pr. thumb forceps.
 - I hypo syringe, 2 needles.
- } supplied by nurse.

Linen:

- I apron—butcher's.
- I towel—small hand.
- 4 bags or cases.

Metal:

- I pr. baby scales.
- I test tube holder.
- 6 safety pins—large and small.

Rubber:

- I catheter.
- I connecting tube.
- I funnel.
- I rectal tube.

Solutions:

- Acetic Acid, 2% solution— $\frac{1}{2}$ oz. dropper bottle.
- Green soap, 2 oz. bottle.

Miscellaneous:

- 6 applicators.
- I can theroz (canned heat).
- 3 cord dressings.
- I nail brush in rubber case.
- 3 paper bags made from newspaper.
- 12 paper napkins.
- I roll absorbent cotton (small).
- I small bottle of litmus paper.
- I sterilizing basin.
- 6 tongue depressors.
- 12 tooth picks.

A standard supply of record material and printed matter is a part of the contents of the bag and is carried in the pocket assigned for its use.

Only the articles enumerated and the sphygmomanometer which is a part of the equipment to be signed for when taken into the field, are permitted in the bag.

D. Care of Equipment.

Each nurse is responsible for keeping her equipment up to the required standard; and her bag and contents in perfect condition. A thorough cleansing of the detachable lining and equipment is essential not less than once each month.

1. Damp Linen—

Remove from bag when day's work is completed and place in safe place to dry.

2. Glass Ware—

Wash and boil three minutes.

3. Instruments—

Rinse in cold water and boil not less than 5 minutes. Dry and clean. Oil frequently enough to keep in good condition.

4. Nail brushes—

Sterilize daily by boiling 5 minutes, and dry thoroughly.

5. Rubber goods—

Wash, wrap in muslin or gauze and boil 3 minutes and dry.

6. Sterilizing basin—

Clean before replacing in bag.

III. Procedure in the Field

As the field nurses go from home to home and two or more may visit the same patient during the course of an illness, certain minimum standards of technique are considered necessary.

1. To keep the equipment in the nurse's bag as clean as possible.

2. To protect the patient, other members of the family and the nurse.

3. To facilitate the work of the substitute nurse.

4. To make the work with the families more effective.

In visiting all cases, the nurse observes the ordinary rules of courtesy. On the first visit she introduces herself professionally and by name. After finding a suitable place for the bag, coat and hat, she determines what care the patient requires, and learns whether the physician has left written orders or not.

The most responsible member of the family is asked to have hot water ready and to assist by bringing the following:

Basin.

Bedding.

Towels.
Wash cloth.
Soap on dish.
Glass.
Tooth brush.
Teaspoon and salt (for mouth wash if patient has
no tooth paste).
Brush and comb.
Vaseline.
Bag for waste.
Newspaper.
Any articles needed for special treatments.

The cuffs are removed and uniform sleeves rolled well above the elbows. After opening the bag and removing the green soap and one paper napkin (which she places on a table or chair, which has been protected by newspaper) the nurse washes her hands and then removes other necessary articles from the bag, arranging them on the paper napkin as follows:

Sterilizing basin.
Towel.
Nail brush (case left in bag).
Apron (which she puts on, replacing the case in
the bag).
Thermometer (case left in bag).
Cotton.
Tongue depressors.
Toothpicks.
Scissors.
Paper bag.

Any record slips and printed matter required, are also removed and placed on the inner flaps of the bag until needed. The bag is closed and if for any reason other articles have to be removed after starting the care of the patient, the hands are thoroughly cleansed before re-opening the bag.

***Thermometer Technique**

The temperature is taken by rectum in all cases except post partum, and chronics, and adults who are not in bed. The temperature is always taken on the first visit whether there is any apparent illness or not; and also on the day of discharge.

To Take a Mouth Temperature

1. Rinse the thermometer under cold running water or wipe with cotton moistened with cold water.

After removing

2. Wipe with dry cotton.
3. Rub well with cotton moistened with green soap.
4. Rinse well under running water.
5. Wipe with dry cotton.

To Take a Rectal Temperature

1. Lubricate the thermometer.

After removing

2. Wipe with dry cotton.
3. Rub well with cotton moistened with green soap.
4. Rub well under running water.
5. Wipe with dry cotton.

(If running water is available only at kitchen sink, wipe with several wet cotton pledgets).

General Care of Patient

Good standards of nursing care always include the general care of the patient, bed making, care of the sick room, and instructions to a responsible member of the family. Just what amount of this is to be actually done by the field nurse herself, depends upon the situation. The aim of each visiting nurse should be to teach the family to meet their individual needs as far as possible, and to give careful and thorough instruction and constant supervision. Full general care includes the care of the mouth, nails, and hair, bath, and remaking of bed. Before commencing the bath, see that the room is sufficiently warm and that there are no drafts. Remove the bed spread and fold neatly. When no fresh linen is available be sure that sheets are well protected. In giving the bath use plenty of hot water and soap. Do not empty bath water in kitchen sink. Wash the face, neck and ears. Then anterior chest before the upper extremities. Change the water before turning the patient. The back and lower extremities follow. After the water is again changed, the perineum. Pressure spots, the back and axillae require careful inspection and attention. Examine suspicious cases for head and body vermin. When nothing else is available place soiled linen in a newspaper, preferably not on the floor.

Care of Hair

Before combing the hair, see that the pillow is protected. Teach a member of the family to give the hair proper care: how to avoid pulling and how to care for snarls; also how to braid the hair in two braids above the ears.

Care of Teeth

Teach the importance of the care of the mouth and teeth. If patient is too ill to use a tooth brush, a member of the family must be taught to give this care. Applicators may be made and normal saline solution, bicarbonate of soda solution, boric acid, or any alkaline mouth wash used. Glycerine and lemon juice may be recommended when the condition warrants its use.

Pressure Sores

The family physician must be notified of their first appearance. Teach the family how to avoid pressure sores by turning the patient at regular intervals and also by the

use of pillows, pads and rings under bony prominences. Mattresses may be protected by rubber sheeting, oil cloth, newspapers, and old linen. Instruct the family to avoid wrinkles.

Conclusion of Visit

When the care has been given and the sick room put in order, the hands are thoroughly cleansed, and articles returned to bag. The record work is completed. The receipt for fees is signed and the bedside notes are written and placed in an envelope which is left in a safe and convenient place for the physician. If the patient is an M. L. I. Industrial policy holder, form N.S. 68 is placed in the envelope instead of the receipt blank.

In order that the patient may have the necessary care during the nurse's absence, leave very definite simple instructions with a responsible member of the family. If practical, a written schedule for nourishment, medication, or other treatment to be given between nursing visits, is helpful.

All necessary articles required by the patient are left near at hand. The articles to be used on subsequent visits are placed on a paper napkin or on a tray, in a place where they will be undisturbed. In order to facilitate the nurse's work on succeeding visits, the family is advised of the time of the next visit and is asked to have necessary articles in readiness.

A written list of any supplies as well as the quantity to be provided, should always be prepared.

The nurse should constantly keep in mind that the response obtained depends upon the way she adapts herself to the family group. Very simple instructions as to the way of carrying out directions will add to her success in gaining the co-operation of the family.

Record Work in the Home

The record work is not done until the care has been given to the patient. In order to avoid asking direct questions, it is desirable that as much information be obtained through conversation with the patient and family during the nursing visit as possible. Tact and resourcefulness should be exercised in securing necessary data.

Charge Basis

The charge basis for the Visiting Nurse Service is as follows:

1. Full pay—

Patients are expected to meet the full cost of a nursing visit. When there is more than one patient in the same family receiving care on the same visit, the cost to the second patient is one half of the regular fee, because of the conservation of the nurse's time.

2. Part pay—

When, according to the judgment of the nurse, a patient

is unable to meet the full cost of the visit, the amount paid is termed "part pay."

3. Free—

When, according to the judgment of the nurse a patient cannot pay anything for the service, the care is given "free."

4. Metropolitan Life Insurance—

No fee is collected from the Industrial or Group Policy holders of the Metropolitan Life Insurance Company, as their fees are remitted by the Insurance Company directly to the Visiting Nursing Service.

All holders of Industrial policies are entitled to the nursing service, except normal lying-in women whose policies have been in force less than nine months. Maternity cases are allowed one nursing visit monthly during the prenatal period, whether they have been insured nine months or not. The policy number and date of issue must be sent in for all Industrial policies. Where numbers are followed by the letters A.B.C.S.C.O. or N.C., holders are *not* entitled to the service. There is one exception to this rule; if the patient is 75 years old or over, and his policy number is followed by the letter B., he is entitled to nursing care.

A patient is not entitled to Metropolitan service unless the policy number and date of issue can be secured from the policy, premium book, group card, or from the office at which the premiums are paid. If the policy number cannot be secured by the second visit, the patient is informed that he is not entitled to the service and a fee is collected. In case the policy number is secured later, the fees collected are refunded and receipt secured.

5. Industrial.

No fee is collected from the employees of certain Industrial Organizations who, by special arrangement, pay for the visits made to their employees.

6. No charge.

No fee is charged for welfare visits or when the purpose is only to give instructions. (If, however, such patients desire to pay for these visits, a fee is accepted.)

Receipt for Fees

When a fee is received the date, amount, and signature of the nurse is recorded on the receipt blank left in the envelope with the bedside notes on the first visit.

Visiting Nurse Service Card

In the same envelope is placed a card with the address and telephone number of the District Office. The attention of the family should be called to this card, to enable them to communicate with the district office in case of an emergency.

Daily Routine of Visits

Before the field nurse leaves the district office she plans

the order of her visits, after conferring with the supervisor. If a patient's condition indicates that a return visit is necessary it is made after 3 P.M. Substitute nurses *do not* dismiss a patient without first consulting the nurse in charge of the case, unless it is a new case which does not require a second visit.

Day's Work Slips

The assignment of the day's work is made out in duplicate on slips provided for the purpose, giving names, addresses, type of cases and expected order of visits.

The original slip is taken in the district and the duplicate left in the District Office.

New Case Slip

1. A "New case slip" is filled out on the first visit for every new case.

2. For cases dismissed on the first visit, the "New case slip" must have the following information:

| | |
|----------------------|------------------|
| Name | Sex |
| Address | Color |
| Age | By whom reported |
| Nursed or Not Nursed | |

3. For cases not found, the "New case slip" must have the following information:

| |
|------------------|
| Name |
| Address |
| By whom reported |

Duplicate Final History Slip

If the case is not new the nurse should record her visit on the "Duplicate Final History Slip" of the patient, which she has taken to the home, including the following data:—Date, Fee received, T.P.R. condition of patient, new orders, service rendered, and her signature.

Dismissal of Patients

When the services of the nurse are no longer necessary the patient is dismissed. On the "Final History Slip" must be stated the condition of patient on discharge:—Recovered, Improved, Unimproved, Dead; also to what care the patient is transferred. A diagnosis should be secured before dismissal. Only such diagnoses are accepted as are listed in the "Physicians Pocket Reference to the International List of Causes of Death," published by the Department of Commerce, Bureau of the Census, Government Printing Office, Washington, D. C.

Before leaving the home the time of entering and leaving and fee collected is indicated on the original "Assignment of Day's Work Slip."

Completion of Record Work in District Office

On her return to the District Office the nurse completes the record work, on the cases she has visited.

Family Folder

The records for each member of a given family are filed in what is known as the "Family Folder." On this folder is recorded the social history of the family.

Social Service Exchange

When a patient is to be cleared through the Social Service Exchange the nurse fills out the form supplied for this purpose from the information which is recorded on the new case slip.

Completion of Assignment of Day's Slip

The nurse should complete the original "Assignment of Day's Work Slip," taken into the home by analyzing and totaling the number of her day's visits; also by recording the number of hours spent in the field in clinics and in the office; also her expenditures for carfare and telephone. She then indicates dismissed cases on both the original and duplicate assignment slips.

Date File

In addition to the alphabetical file of family folders containing the records of her patients, each nurse keeps a date file of her cases. On each patient's card in this file is recorded daily the date of each visit. These cards are arranged, before the nurse completes her day's work, according to the dates on which the next visits are due.

STANDING ORDERS

If no physician is in attendance, or if no orders have been left for the field nurse the following orders may be followed. The family must be instructed to summon a physician before the nurse's next visit.

All New Patients

General isolation routine if communicable disease is suspected; general or partial care as the situation indicates. If patient has elevation of temperature, liquid diet and plenty of water are advised. The family is instructed in the hygiene of the sick room with special emphasis on cleanliness and proper ventilation.

Burns

Normal saline or wet boric dressings. If burn is severe and no physician has been called, removal to the hospital is advised.

Infantile Diarrhoea

The attendance of a physician is urged. Boiled water is advised.

Infantile Convulsions

The attendance of a physician is urged. Hot mustard bath, hot saline irrigation, and ice to head.

Discharging Ears

Irrigation is not given; the physician's care is urged.

Minor Dressings

Dry dressing, saline or boric acid only.

Sore Throat and Colds

Isolation. Force water.

Post Partum Hemorrhage

Elevation of foot of bed; quiet and warmth.

Immediate call for physician.

Accidents or Emergencies

Attendance of physician. First-aid measures as indicated until arrival of physician.

SURGICAL ROUTINE

The best standards of surgical technique must be applied to surgical dressings in the field. All supplies required are provided by the family. Necessary articles are removed from the nurse's bag according to the general routine. In addition a table or chair, well protected with newspaper, is placed in a convenient position near the patient. On it is spread a fresh napkin. On the napkin are placed the articles required for the dressing and the sterilizing basin containing the sterile instruments. Before starting to work it is essential that two receptacles preferably paper bags, are close at hand; one to be used for soiled bandages and dressings to be burned, and the other for such bandages and dressings as may be used again. These should be put in cold water immediately and placed on stove to boil. The field nurse is responsible for the prompt and proper care of soiled dressings, as well as for teaching the family how to wash, roll, and prepare bandages and dressings for future use. After the dressing is finished and instruments boiled it is important that they be thoroughly cleansed and dried; also that the instrument basin be properly cared for.

COMMUNICABLE DISEASES

General Routine

The routine for Communicable Disease differs from general routine in the following respects.

1. The district bag is not taken into the sick room. Together with the nurse's hat, coat, and cuffs, it is left as far away from the sick room as possible.
2. When inquiring about physician's orders, the nurse makes the necessary arrangements for securing supplies and special thermometer, if it is required.
3. Articles are removed from bag according to the

routine, the nurse keeping in mind that nothing which cannot be sterilized must be taken into the sick room. A sufficient supply of green soap for the visit may be placed in a receptacle supplied by the family.

4. A separate apron is provided in caring for all patients suffering from communicable disease. When the nurse unexpectedly finds a case of communicable disease, she leaves her apron and case in the home if the family are not able to meet the emergency. After use, the apron is carefully folded, and placed in the linen case or bag, and then in a paper bag. The apron is never removed from the patient's room and is placed where it is the least likely to be disturbed. This apron is used by the field nurse until the nursing care is terminated. It is then well wrapped in paper and returned to the district office and disinfected according to the routine, by the nurse who discharged the patient.

N. B. Linen to be disinfected in the district office is either soaked in 2% Cresol solution or boiled.

5. The nurse is careful not to commence giving care until she is sure that everything needed is close at hand in the *sick room*.

6. Unless the physician has ordered a disinfectant, a basin of water and soap should be kept in the sick room. The family must be instructed as to the importance of its use after every contact with the patient as well as to the disposal and replenishing of the water.

7. After the care has been given, the hands are thoroughly cleansed or disinfected in the solution, before leaving the sick room. The apron is removed and cared for according to instructions. The hands are scrubbed thoroughly and nails cleaned with a tooth pick before replacing articles in the bag and attending to the record work.

Boil nail brush not less than 5 minutes before returning to case.

Thermometer Technique

When a special thermometer is required the nurse is urged to have it provided by the family. After use the thermometer should be wiped with dry cotton, cleansed with green soap according to general routine. It is then immersed in a disinfectant, preferably 50% alcohol solution. Before using again rinse with cold water or wipe with cotton wet with cold water. The thermometer should be kept in the disinfectant in a safe place between the nursing visits.

Isolation of Patient

The patient should have a separate bed. A separate room is advisable. The field nurse must make every

effort to safeguard the health of the family. The sick room should be kept free from unnecessary articles.

Care of Patient's Room

Floor should be wiped with damp cloth, or oil mop. A cloth dampened with a disinfectant or an oiled cloth should be used for dusting. Articles used for cleaning should never be taken from the sick room.

Dishes and Utensils

All dishes and utensils must be sterilized. A sufficiently large receptacle should be selected for this purpose. Before removing dishes from the sick room uneaten food must be wrapped in paper to be burned. Place dishes and kitchen utensils in receptacle selected, cover with cold water to which a small quantity of washing soda or soap has been added, bring to a boil slowly and boil 5 minutes.

Linen

Soiled linen should be placed in a vessel which has been taken to the door of the sick room partly filled with cold water, containing a small quantity of washing soda or soap. Pack linen in loosely and boil at least 15 minutes.

Discharges from the Nose and Throat

Discharges from the nose and throat may be received in old linen, muslin, or paper; and placed directly into paper bag which should be burned. Careful instruction should be given to patients and families as to the importance of observing these directions intelligently.

SPECIAL ROUTINE IN COMMUNICABLE DISEASE

1. All visits to patients suffering with communicable disease (except for patients suffering from acute respiratory diseases), should be made after other patients have been seen.

2. No nurse may care for a patient suffering from scarlet fever or erysipelas and a post-partum patient at the same time.

3. No nurse may carry at the same time a patient suffering from erysipelas and a patient requiring a surgical dressing.

Erysipelas

Erysipelas cases are always visited after all other patients have been seen for the day. Field nurses are required to wear rubber gloves while giving bedside care to these patients.

N. B. Rubber gloves are kept in the District Office and may be left in the homes whenever necessary. After using, gloves should be thoroughly washed, sterilized, dried and powdered, and put in a safe place with nurse's apron.

PRE-NATAL ROUTINE

Introduction

The aim in pre-natal nursing is to assist in lowering the maternal and infant death rate, and to promote good standards of obstetrics.

Home Visits

The aim of the introductory visit to the home of a pre-natal patient is to gain the interest and confidence of the patient. Unless the field nurse is met half way by the patient, a nursing visit cannot be made. A complete nursing visit cannot be made before the field nurse has gained the consent of the physician, if there is one in attendance.

Routine for Frequency of Nursing Visits

For normal cases, before the 7th month once in two weeks.

After the 7th month once in two weeks if patient is visiting physician or clinic. If patient is not visiting physician or clinic once weekly.

For abnormal cases, no specified routine, visit as often as necessary.

N. B. Patients should be urged to come to the District Offices for as much of the nursing care as possible, to conserve the time of the field nurse.

Routine for Complete Nursing Visit

1. Following the routine for bag technique these additional articles are removed from the bag:

Sphygmomanometer.

3 paper napkins.

Mouth thermometer.

Absorbent cotton.

Urinometer and glass.

Test tube and holder.

Acetic acid.

Theroz.

Litmus paper (1 piece to be removed with forceps).

Paper bag.

2. Record material:

Maternity record.

New case slips.

"Advice to Mothers."

3. Take T. P. R.

4. Notice condition of teeth and mouth. Give advice for care if necessary.

5. Examine patient following order of questions on record, and advise if necessary.

a. Nipples.

(Demonstrate care after 5th month,

- state reasons).
- b. Body cleanliness.
- c. Edema—face, hands, legs, feet.
- d. Varicosities.
- e. Dyspnoea, headache, condition of eyes.
- f. Nausea and vomiting (time of occurrence).
- g. Bowels.
 - Constipation.
 - Diarrhoea.
- h. Vaginal soreness and discharge, character.
- i. Foetal heart (after 5th month).
 - Method of taking.
 - 1. Patient lying down or standing.
 - 2. Paper napkin or fresh handkerchief over area. (Stethoscope not used.)
 - Method of recording.

Urinalysis

6. Urinalysis—(In presence of patient).

- a. Instruct patient.
 - To clean vulva.
 - Use a clean vessel.
 - Place in clean container.
- b. Choose suitable place to work.
 - (Kitchen chair well protected with news-paper).
- c. Place equipment on napkin.
- d. Examine specimen for color, and clearness and note presence and character of any deposit.
 - Test the re-action.
 - Specific gravity.
 - Test for albumin.
- e. Disposal of specimen.
- f. Cleansing and sterilizing of equipment.
 - (All equipment thoroughly cleansed, and boiled, except the urinometer which is not boiled.)
- g. If specimen remains cloudy or there is any doubt as to the examination in the home, it is taken to the district office for further examination.

24 Hour Specimen

- 7. Instruct patient to measure 24 hour intake and output once each month.
 - Set definite time.
 - Make directions plain.

Blood Pressure

- 8. Blood pressure—Systolic.
 - To be taken on every nursing visit, if possible.

Advice Concerning Supplies

9. Advice concerning supplies:

- a. Leave "Advice for Mothers" after reading it with patient.
- b. Layette and supplies for baby.
- c. Trays. Urge early preparation.
- d. Supplies for mother, if confinement is to be at home.

Bedpads—1 large; 8 or 10 small.

Vulva pads—2 dozen.

Records

10. Complete records, specifying clearly advice given to patient for each abnormality.

N. B. On succeeding visits, state whether or not advice has been followed as well as whether abnormalities have increased or decreased since preceding visit and whether a conference has been held with the physician or clinic as to the condition of the patient, should the abnormalities be of a nature to warrant it.

DELIVERY ROUTINE

I. Introduction

In the Districts where this service is available, every call which is received from the following sources should be answered as promptly as possible.

- a. Directly from the physician.
- b. From maternity clinics.
- c. From the family at the request of the physician.

When the call is received, learn whether or not the patient has previously received care. If the patient has received pre-natal care, the maternity record should be taken to the home.

II. Contents of Delivery Bag

Glass.

- 1 douche nozzle.
- 1 graduated connecting tip.
- 1 medicine dropper.
- 2 thermometers (rectal and mouth in cases).
- 1 hypodermic and 2 needles.

Instruments.

- 1 pr. blunt dressing scissors.
- 1 pr. forceps.
- 1 pr. artery clamps.

Linen.

- 1 apron (butchers).
- 1 towel (small hand).
- 4 bags or cases.

Rubber.

- 2 catheters (1 very small).
- 1 funnel.
- 1 rectal tube.

Solutions.

- Alcohol, 1 oz. bottle.
- Green soap, 2 oz. bottle.

Miscellaneous.

- 1 pr. baby scales.
- 12 tooth picks.
- 1 nail brush in rubber case.
- 12 paper napkins.
- 1 roll absorbent cotton (small).
- 1 roll gauze.
- 6 safety pins.
- 2 sterile-cord dressings.
- 3 paper bags made from newspaper.
- 1 pkg. sterile vulva pads (2).
- 1 Sterile Emergency Set containing:
 - 6 mouth wipes.
 - 4 eye sponges.
 - 2 cord ties and 2 cord dressings.
- 1 sterilizing basin.
- 1 standard supply of record material.
- 1 police whistle.
- 1 flash light.

III. Procedure

If the doctor has not arrived, note the character of one pain and watch the perineum. Learn from the patient, if possible, whether or not the membranes have ruptured and judge from your observations how much time you have to spend in preparation.

Unless otherwise directed by the physician proceed as follows:

(a) Ask member of the family for equipment and supplies required, in the order of their importance.

1. Water—Sufficient supply.
 - 2 kettles (covered).
 - 1 cool sterile water.
 - 1 hot sterile water.
2. Lysol—2 oz. bottle.
3. Boric acid (make small amount of 2% sol.).
4. Salt (make small amount of normal saline sol.).
5. Newspapers.
6. Pitcher.
7. Basins, pail, douche pan, etc. Basins to be cleansed thoroughly and filled with 1% sol. of lysol.

8. Linen, pads, clothing for mother and baby, etc.

(b) Select a place to work. Table or set tubs in kitchen are convenient. Cover tub farthest from sink and protect with newspaper. Have one tub open for emptying solutions. Spread one paper napkin on closed tub and place:

Bottle of green soap.

Nail brush.

Sterilizing basin.

Nurse's towel.

Follow bag technique for washing hands and putting on apron. Then close bag.

(c) Strip bed, removing feather mattress, if there is one, while directing patient to bathe and braid hair, put on fresh undervest, gown and white stockings if available.

(d) If bed is not sufficiently even, place ironing board or substitute under mattress. Cover mattress with 6 layers of newspaper, oil cloth, or rubber sheeting to provide sufficient protection. Place fresh lower sheet in position tucked in well. Unless otherwise directed make bed for right-handed delivery.

(e) If no pads have been prepared, with the assistance of the family, make a pad large and thick enough to protect the mattress, about a yard square. (At least twelve layers of newspaper covered with old muslin are necessary). Over this place a small pad made in the same fashion, the size of one sheet of newspaper. At least 8 small pads are needed, and if not already provided, a member of the family should be detailed to make them at once. The top sheet should be folded down over either end of blanket and both tucked in at the farther side of the bed near the wall and folded well back. Place pillow in position. No more linen should be taken out, but the nurse should know where the reserve supply is to be found. Nearby should be placed:

1 sheet for draping (used sheet may be employed).

3 towels.

1 bath towel if no chest blanket.

Binder.

Gowns.

Safety pins.

(f) Clear off top of dresser or substitute and protect with newspapers. Cover with towel or fresh diaper if supply permits.

On dresser or chairs place:

Absorbent cotton.

Package of vulva pads.

- (g) Over foot of bed place receiving blanket, protected with diaper; also extra diaper. See that baby's clothing is ready.
- (h) Floor:
Rug removed.
Carpet on floor well protected with thick layers of newspaper.
Pail, slop jar or chamber under bed ready for use; also receptacle for discarded wet sponges.
Douché pan placed between newspapers under bed.
Receptacle for placenta under head of bed.
(Chamber may be used).
- (i) Arrange tray with everything necessary for mother's and baby's care. (See routine, A. P.)
- (j) Unfasten bag.
Thoroughly cleanse hands.
All remaining equipment to be used is to be removed from bag at this time as follows:
Several extra paper napkins.
Scissors.
Forceps.
Artery clamps.
Hypodermic and needles.
Emergency set.
Pkg. of sterile vulva pads.
Scales.
Medicine dropper.
Record material (place in safe place).
Bag fastened and put away.
- (k) Make up 2 basins of 1% lysol solution.
1 placed on tub in kitchen for physician's use.
1 placed on dresser in patient's room for local preparation.
- (l) Routine for local preparation unless otherwise directed by physician:
Sponge vulva.
Clip.
Wash thighs.
Give enema (if ordered).
Sponge again (may be done over bed pan).
- (m) Throw away solution (either in toilet or wash tub).
Scrub scissors with green soap.
Make fresh solution in both basins and place both on dresser in patient's room.
Boil instruments, medicine dropper, hypodermic syringe and needles (wrapping the syringe in muslin or gauze).

- (n) Drape patient.
Assist physician with examination.
Arrange pillow nearby for baby (see P. P. Routine).
- (o) On dresser place:
Prophylactic, ergot and alcohol (provided by physician).
Sterile instruments.
2 glasses and teaspoon.
Emergency set.
Pkg. of sterile pads.
Vaseline.
Boric acid and salt solution and wipes (in such a way that nurse may reach them and hold fundus if it is necessary).
- (p) Following delivery:
Baby.
1. Placed in diaper.
 2. Mucous wiped out of baby's mouth.
 3. Cord tied, cord dressed and binder supplied.
 4. Prophylactic dropped in eyes. (If silver nitrate is used it must be followed by normal saline sol.)
 5. Oil baby.
 6. Transfer to receiving blanket.
 7. Place on right side, wrap warmly and put in safe place.

Mother.

1. Placenta expressed.
2. Patient sponged, turned on side. Region cleansed and thoroughly dried.
3. Sterile vulva pad placed in position.
4. Binder applied.

Conclusion of Delivery

Remove all articles used for delivery and leave patient's room in order.

When physician has finished, drain placenta and instruct husband as to its disposal. Burn if possible. Assist physician with measurements if he desires.

Weigh and take baby's temperature.

Dress baby, being careful to note and report any abnormalities to physician as soon as possible.

Secure necessary information and complete records.

Write bedside notes and collect fee, if possible.

Take T. P. R. of mother and measure fundus the last thing before leaving the home.

Explain any directions that have not been made clear.

- a. Bleeding of baby's cord.
- b. Excessive lochia.

- c. Feedings for baby.
- d. Nourishment for mother.
- e. Care of mother and baby during nurse's absence and preparation of articles for next visit.

POST PARTUM AND NEW BORN ROUTINE

Introduction

The preliminary procedure in taking up a new post-partum case will depend upon whether or not the patient has been given ante partum care by the Visiting Nurse Service. If the patient has had ante partum care, the articles needed for the mother and baby will be assembled and much time is saved.

Preparation

After the field nurse has made the customary approach in the home she commences her preparations by arranging for an adequate supply of hot water, and makes any adjustment to ensure a sufficiently warm room for the baby's bath. She then asks the family to assist in securing the following:

Equipment for Care of Mother

Douche bag or clean pitcher.

Douche pan.

Lysol.

Absorbent cotton.

Binder for mother (if ordered by physician).

Safety pins.

Pad for bed.

Vulva pads.

Vaseline.

All other articles necessary for general care.

The pitcher or douche bag is thoroughly cleansed and sterilized either by boiling or soaking in a 1% solution of the lysol (2 teaspoonsful of lysol to 1 qt. of water).

Equipment for Care of Baby

If not in readiness the articles for the baby must be assembled.

A small tray or substitute to hold the following articles should be secured:

1 covered glass jar for sterile water (for cleansing mother's breasts).

1 glass jar for large and small swabs.

1 glass jar for oil.

Dish for soap.

1 cake castile soap for baby's use only.

1 hair receiver or covered jar containing absorbent cotton.

1 nursing bottle for giving baby water.

1 covered glass jar containing 1 or more nipples.
1 piece soap for pin cushion.
Safety pins.
Clothing:

Binder.
Diapers.
Shirt.
Petticoat.
Slip.

While these articles are being assembled the nurse washes her hands and removes what is needed from her bag.

After the T. P. R. of the mother has been taken, the nurse determines whether the mother or baby is to be cared for first.

It is suggested that when the baby is sleeping and quiet, it is preferable to give care to the mother first in order that she may enjoy the baby's bath, also that she may be shown, while her hands are clean, how to make proper toothpick swabs for the day's supply. She is taught to use the toothpick swab for her nipples, so that her fingers do not contaminate the twenty-four hour supply of sterile water. Each day, if nursing time is not too near, she may give the baby water while the nurse is clearing away the things from the mother's bath, and preparing for the baby's bath.

Perineal Irrigation

To give the perineal irrigation to the mother the following procedure is recommended:

- a. Remove and fold bedspread.
- b. Remove unnecessary bedclothing, being careful to keep patient sufficiently warm.
- c. Drape patient, using top sheet if advisable.
- d. Protect lower sheet.
- e. Assemble necessary articles at bedside.

Douche pan.

Douche bag or pitcher with $\frac{1}{2}\%$ warm lysol sol. (1 teaspoonful of lysol to 1 qt. of water).

Paper bag pinned to bed.

Paper napkin, on which is placed absorbent cotton, and fresh vulva pads, in a convenient place on the bed.

- f. Place the douche pan in position and remove soiled pad.
- g. Scrub hands.
- h. Flush the vulva and inner area of thighs with solution.
- i. Wrap thumb and fore finger of left hand with absorbent cotton.

- j. After separating the labia with the protected fingers, gently pour the solution over the area, using not less than one pint. At this time observe the condition of the perineum. Remove douche pan and
- k. Dry with absorbent cotton, being careful to turn patient on side. Place vulva pad in position.

Care of Mother

General care is given as outlined in general routine except for the care of the perineum. A daily full cleansing bath is considered necessary until the patient is up. Full general care is given by the nurse on the first two days. After the second day, unless contra-indicated by the condition of the patient, she may be urged to give a small part of her bath, gradually increasing each day.

The nurse is careful to inquire as to the last time of voiding, also to measure the fundus before leaving the mother on each visit.

Care of Baby

A. Frequency of bath. Sponge bath once a day until the cord is off; tub bath after cord is off.

B. Place of bath. The decision as to whether the bath will be a table or a lap bath is to be based on the equipment procurable in the home and the ability of the individual mother or nurse to safely handle the baby. The table bath is preferable for the field nurse who goes from one home to another and who is not provided with a fresh apron for each baby. The baby should be bathed on a hair pillow or thick pad which has been well protected by rubber, oilcloth or several thicknesses of paper covered by a diaper.

When the nurse teaches the table bath, she must emphasize the necessity for guarding against accident.

Baby's Bath

A clean soft wash cloth and towel should be selected for the baby's bath, and a clean basin.

I. Preliminary procedure:

a. Care of eyes.

The eyes are given no special care.

b. Care of the nose:

The nostrils are cleansed when necessary with small cotton swabs moistened in oil or vaseline.

c. Care of ears:

The creases of the ears are cleansed when necessary with small cotton swabs moistened with oil or vaseline.

d. Care of mouth:

Cleansing of the mouth is not permissible, unless ordered by the physician.

2. Bath.

- a. Loosen clothing.
- b. Wash face, without soap. Then soap head and rinse well over basin.
- c. Remove slip and shirt.
- d. Wash arms and trunk.
- e. The creases are carefully oiled, the excess being wiped away with clean cotton.
- f. Band is unfastened, folded back on itself to protect the cord dressing.
- g. Wash area under band keeping cord dressing in place. If cord dressing is soiled, dry sterile dressing is applied after the nurse's hands have been washed.
- h. Take temperature and complete bath.
- i. Oil buttocks and creases.
- j. Retract foreskin or separate labia.

N. B. If baby is soiled the buttocks are washed and dried and wiped with oil and the temperature is taken before the bath. (The mother is taught to follow this procedure after each stool.)

3. When the bath is completed the baby is weighed with only the shirt and band. This is done by placing the baby diagonally in a blanket or diaper, drawing the lower point well up between the legs of the baby. If the knot of the blanket or diaper is brought close to the baby's chin the balance will not be difficult, when the scales are attached.

The baby is weighed every other day, during the period of daily care.

4. The straight band is necessary only as long as the cord is on. Then a knitted band is preferable. The square diaper is used because there is no irritation to genitals and skin and no excess clothing forcibly separating the legs. Petticoat and slip are put on together when possible, and always drawn up over feet. During the baby's bath the bed is aired. A responsible member of the family should be taught to boil the baby's wash cloth, and to put it in a safe place when dried and to keep it for the exclusive use of the baby.

Records

If the patient has been carried during the ante partum period the maternity record is continued, otherwise all necessary data for the record should be obtained if possible on the first visit.

The daily visits for bedside care are discontinued after the ninth day if the condition of the mother and baby permit. After the mother is up the nurse demonstrates to her the method of giving the baby's bath, and the following day the mother returns the demonstration to the nurse.

Follow-up Routine

After the daily visits are discontinued, follow up visits are made weekly until the baby is at least one month old, whether the patient is under the care of a midwife or physician. During these visits the mother is advised concerning:

1. The importance of birth registration. If the birth has been registered by the doctor, a certificate is sent to the parents by the Health Department. If this certificate is not received within two months, the Department of Health Registration Bureau, 505 Pearl Street, should be notified.

2. Continuing the baby under care of the private physician or physician in charge of the clinic at the nearest Health Station. Babies cared for by private physicians should be registered for nurse's clinic at Milk Station.

3. The importance of the sixth week Post Partum examination by the private physician or by the physician at the Hospital Clinic, or at the Maternity Center Clinic. Upon dismissal of every maternity case the form used by the Maternity Center Association for reporting dismissals should be filled in and mailed to the record office of the Maternity Center Association.

SPECIAL INFORMATION

Widow's Pensions

To secure a pension:

1. The widow's husband must have been a citizen of the United States and a resident of New York State at the time of his death, or have taken out First Papers five years previous to the request for provision, even though he never succeeded in securing the Second Papers.

2. Allotments are also extended to women whose husbands are insane or in prison for five years or more. The widow must be a resident of New York City two years before she applies for a pension, i. e., if a resident for 6 months, she must wait the remaining one and one-half years before applying. The widow must have at least one child under sixteen years of age.

Application should be made to the Board of Child Welfare, 145 Worth Street, Telephone Worth 8935.

Truancy

In public and parochial schools: If a child between the ages of 6 and 16, not previously graduated, continues to remain out of school, he will be brought before a court and the parents may be fined. If the family report they are willing to have the child attend school but that the child refuses, the parents may be brought before a court and the child may be committed to a truant school for three months or more. Report truancy to Director of Attendance, 154 East 68th Street.

Child Labor

If any of the following are called to the attention of the nurse, they should be reported to the New York Child Labor Committee, as they are illegal:

In a Tenement:

Children under fourteen years of age at work upon any articles for a factory.

In the Street:

Boys under twelve or girls under sixteen selling newspapers or boys twelve or thirteen years of age selling papers without a badge, or selling them before 6 A. M. or after 8 P. M.

Boys or girls under twenty-one years of age delivering articles or messages for a telegraph company after 10 P. M. Boys or girls under sixteen peddling merchandise of any kind.

In a Theatre:

Children under sixteen singing or dancing on the stage, unless with the consent of the Mayor's office.

In a Store:

Children under fourteen at work, or running errands or making deliveries for a store, or children between fourteen and sixteen at work before 8 A. M. or after 6 P. M.

In a Factory:

Children under fourteen at work, or children between fourteen and sixteen at work before 8 A. M. or after 5 P. M.

Newsboys:

Newsboys who want to get badges are to be directed to the Bureau of Attendance, 154 East 68th Street. They must be at least twelve years of age and able to furnish a statement from the principal of the school they attend, approving the issuance of a badge.

Working Papers

Children who want to obtain working papers, if in Manhattan, are to be directed to the Department of Health, 505 Pearl Street. If in the Bronx, Department

of Health, 3731 Third Avenue. If under fifteen years of age, they must be graduates of an elementary school and must be at least fourteen years old. If over fifteen, they must have completed the 6B grade. They must take with them documentary proof of age, such as birth certificate, baptismal certificate, or passport and a school record signed by the principal of the school they attend. The parent must accompany them to the district office of the Bureau of Attendance nearest their home.

When Reporting Violations

Send them in writing to the office of the New York Child Labor Committee, 105 East 22nd Street. Please be particular to be as definite as possible regarding the following points: Name, age, and address of child, name and address of employer, place where violation was observed and time of day and details as to character of violations. The name of the individual reporting case will not be used in following up violations reported.

Workmen's Compensation Law, New York

Whom Covered

Workmen engaged in listed hazardous employments (construed to cover almost every employment) excluding farming and domestic service.

When Covered

When injured or killed by accident while carrying on such employment, except where the injury is occasioned by wilful intention of the injured employee to bring about the injury or death of himself or another, or where the injury results solely from the intoxication of the injured employee while on duty.

To What Entitled

Medical Care.

Medical, surgical, nursing, and hospital service, crutches and apparatus must be provided by the employer on the employee's request for sixty days after injury. Only when employer refuses, may the workman provide such care himself and recover the expense from employer. Doctor's office fees are subject to regulation by commission and limited to prevailing charges for persons of similar standard of living.

Cash Benefit.

No cash benefit is allowed for the first 14 days unless disability lasts more than 49 days, in which case compensation is allowed from the date of injury.

For permanent total disability—two thirds of wages during disability.

For temporary total disability—two-thirds of wages during disability, but not more than \$3,500.

For permanent, partial disability—two thirds of wages during periods named in schedule, from which the following more frequent injuries are taken:

Loss of arm, 312 weeks.

“ “ first finger, 46 weeks.

“ “ phalange of first finger, 23 weeks.

“ “ a leg, 288 weeks.

“ “ an eye, 128 weeks.

For temporary partial disability—two-thirds of the loss in earning capacity.

Disability compensation can never exceed \$15.00 a week, except for loss of hand, arm, foot, leg or eye, when it may be \$20.00, nor may compensation be less than \$5.00 per week, except that when wages are less than \$5.00 per week, compensation shall equal full wages.

For death.

Funeral expenses not exceeding \$100.00.

Wife (or dependent husband) with no children under 18, 30% of wages during widowhood with two years' compensation on remarriage.

Children under 18 while parent survives, 10% of wages.

Children under 18 if parent does not survive, 15% of wages.

If compensation to the above persons does not total 66 $\frac{2}{3}$ % of wages, dependent grandchildren, brothers and sisters under 18 may receive 15% of wages, and dependent parents and grandparents may receive 25% of wages. The aggregate compensation can never be more than 66 $\frac{2}{3}$ % of wages, and any excess of wages over \$100 per month is not to be reckoned in computing death benefits.

Notification must be given to the Industrial Commission, 230 Fifth Avenue, and to the employer, within 10 days after disability, or if death results, within 30 days after death. Failure to give this notice will only be excused for sufficient reason.

Claim for Compensation

After 14 days of disability the injured employee must present a claim to his employer. If refused, or if a satisfactory agreement is not filed with the Industrial Commission within 10 days, the claim should be taken up with the Commission. No agreement is binding which does not comply with the law. No agreement to waive compensation is valid. No lawyer is necessary as information and assistance will be given by the Commission.

Telephone to the State Industrial Commission, 124 E. 28th Street, telephone number, Madison Square 9500, if further information is needed.

For Information Concerning:

1. Cooperating Agencies:

Social.

Medical.

Educational.

Consult Children's Welfare Federation Directory, current publications, Bulletin Board, and office files.

2. Board of Health Regulations.

Consult "Sanitary Code."

3. Tenement House Standards.

Consult "Tenement House Regulations."

THE NURSING STAFF

Requirements for Appointment

The requirements for appointment on the regular staff are four (4) years of high school or an acceptable equivalent; the diploma of an accredited school of nursing connected with a hospital providing adequate experience in medical, surgical, pediatric and obstetrical nursing; registration in New York State or in the states with which New York has reciprocity.

Application for enrollment on the staff should be made in person whenever possible, for which a definite appointment should be secured. For the advanced positions an accredited course in Public Health Nursing is required or an acceptable equivalent.

Candidates must be in good physical condition when reporting for duty. They may be required to present a certificate of health from an examining physician chosen by the Nursing Committee. An annual physical examination may also be required. New nurses are urged to take the Schick Test before coming on the staff.

Salaries

| | |
|-----------------------------|---------------------------|
| Field Directors | \$2250 to \$2400 per year |
| Supervisors | 1900 to 2000 " " |
| Assistant Supervisors | 1700 to 1800 " " |

Field Nurses.

On admission to the staff—On the basis of \$1400 per year. At the end of the sixth month—on the basis of \$1500 per year. At the beginning of second year—on the basis of \$1600 per year. Nurses who have had a four-months post-graduate course in Public Health at a recognized school or college will be entered at the rate of \$1500 per year. Nurses who have had an eight months post-graduate course in Public Health at a recognized school or college will be entered at the rate of \$1600 per year.

Graduate nurses who have satisfactorily completed a four-months undergraduate course with an accredited

visiting nurse association shall be admitted to the staff at a salary of \$1400 per year, and increased at the end of the second month to \$1500 per year, the course being accepted as the equivalent of 4 months staff work.

GENERAL REGULATIONS

Hours of Duty

The hours of duty are from 8:30 A. M. to 5:30 P. M. with one hour for lunch at noon. If for any reason nurses are unable to report for duty, the supervisor should be notified at 8:30 A. M. The Service requires approximately a 44 hour week. This permits of one regular day and one half day off duty each week. In addition an extra half day is given during the months in which the following holidays occur: New Year's Day, Lincoln's Birthday, Washington's Birthday, Decoration Day, Labor Day and Election Day; and a whole day for the Fourth of July, Thanksgiving Day and Christmas.

Vacations

Nurses completing eleven months of service are given one month's vacation with salary, and one month in each full year thereafter. Two weeks' vacation may be given at the end of six months' service if desired.

Resignations

Nurses leaving the staff within three months after appointment, give or receive one week's notice. Thereafter they will be considered as regular members of the staff and one month's notice is requested and given, except that the Committee on Nursing reserves the authority to sever the connection of any nurse at any time for reasons deemed sufficient, and its judgments shall be final.

Uniform

The uniform of the Visiting Nurse Service is as follows:

Dress—blue gingham. Material can be purchased at the Settlement Supply Room. Dress material is 32 inches wide and costs 50 cents per yard. Waist to be made with $1\frac{3}{4}$ inch tuck on the shoulders in front; back plain, with or without yoke; long sleeves with 3 inch cuff. Uniform to be made in one piece. Plain pearl studs for collars and cuffs; all buttons to be on an under flap so as not to show. The regulation ready made uniform may be purchased at H. Joseph & Co., 129 East 34th Street, New York City, in gingham for \$5.00 and in poplin for \$10.00. "Henry Street" collar may be purchased at H. Joseph & Co. also. Cuffs to match if desired. Black silk Windsor tie can be purchased at Lord and Taylor, 5th Avenue and 38th Street, New York City.

Coat and Cape—\$60.80. This combination serves for winter, summer, spring and fall. These are secured through a signed order obtainable at the main office. Hat—\$4.75 to

match. Hat, coat and cape are made at B. Altman & Co., 5th Avenue and 34th Street, New York City. Field nurses are not expected to wear sweaters in the homes. Lockers are provided where street clothing may be kept, if the nurse wishes to make the change to uniform after she reaches the office.

Each nurse is required to bring with her a watch with second hand, fountain pen, scissors, hypodermic syringe, and forceps. The district bag and contents are furnished by the Settlement, the nurse paying a deposit of \$2.00 on her first day, which will be returned at the end of her service providing the bag is in good condition.

Each nurse is required to have a telephone in her home and to immediately notify the Main Office and her Supervisor of any change of address or telephone number.

EDUCATIONAL ACTIVITIES

1. The Visiting Nurse Service co-operates with the Department of Nursing and Health, Teachers College, Columbia University, by providing supervised field work required in certain special courses:

Graduate Students

1. Students assigned by the College for 10 weeks to 4 months of field work, following an eight months' theoretical course at the College (or 10 weeks following a summer session). College points (2-4) are granted for this field course if desired through arrangement at the College and payment of tuition fees. Graduate students taking not less than four months' field work preliminary or subsequent to their course at Teachers College, Columbia University, will be entered at \$1400 per year. Graduate Students taking a ten weeks' experience only, will be entered at \$20.00 per week. Where the field experience includes branches that are outside of the Visiting Nurse Service, such as School Nursing or Industrial Nursing, a reduction will be made in the salary in accordance with the number of hours spent in the field in such branches.

Application for these courses should be made to the Department of Nursing and Health, Teachers College, Columbia University, N. Y. City, as students must be approved by the College for field experience, if credit for such experience is desired.

Special Courses for Staff Nurses

A combined theoretical and field course covering a period from 18 months to 2 years (or more) for regularly matriculated students for the full program of work required in the major in which they register. This program leads to a certificate of the College and will be credited towards the fuller program required for the B.S. degree and professional diploma. The prescribed courses at the College will usually cover from 4 to 7 points each session, including the

summer sessions. The month of June is devoted to special field work with families under the direction of an affiliating social agency. The field work in the training centers of the Henry Street Visiting Nurse Service will require from 28 to 40 hours a week for a period prescribed by the College. College points (2-4) are granted for this field course if desired through arrangement at the College and payment of tuition fees. At least one month of satisfactory experience in the field is required before entering the College.

The Visiting Nurse Service pays the student throughout the course for the field work at an hourly rate based on the regular salary schedule except for the month of June and during the six weeks of the summer school session.

The arrangements at the College provide that all fees are payable in advance at the office of the Bursar in Teachers College. Tuition is at the rate of \$8 a point; the University fee is \$6 a session.

Undergraduate Students

Four months combined theoretical and practical work is offered to undergraduate students from representative nursing schools as a part of the regular training school course, leading to the certificate offered by the Settlement.

The aim is simply to give the student an introduction to the field of Public Health Nursing, with the understanding that if she desires to complete the full College course at any time, credit will be allowed for the work covered.

EXTRA ACTIVITIES

I "The Henry Street Nurse"

A periodical issued by the Staff Council through an Editorial Staff representing the various groups of the organization.

II "Staff Council"

CONSTITUTION AND BY-LAWS of the STAFF COUNCIL OF THE HENRY STREET SETTLEMENT NURSING SERVICE

CONSTITUTION

ARTICLE I

Name

The name of this organization shall be "The Staff Council."

ARTICLE II

The purpose of this organization shall be:

1. To bring the members of the staff into relations of mutual helpfulness.

2. To stimulate individual and corporate responsibility for the advancement of Public Health Nursing and Education.

BY-LAWS

ARTICLE I

Membership

There shall be three classes of members: Active, Associate and Honorary.

(a) *Active*: All regularly appointed members of the nursing and clerical staff shall become active members upon payment of dues. Only active members shall be entitled to vote.

(b) *Associate*: All students shall become Associate members upon payment of dues.

(c) *Honorary*: Any person may be elected to honorary membership by a two-thirds vote at the annual meeting.

ARTICLE II

The officers of the Council shall be a Chairman, a Vice-Chairman, a Secretary and a Treasurer.

ARTICLE III

Duties of Officers

The *Chairman* shall call and conduct all regular and special meetings of the Staff Council and the Joint Committee hereinafter mentioned.

The *Vice-Chairman* shall, in the absence of the Chairman, act in all her capacities.

The *Secretary* shall keep a record of all meetings of the Staff Council and the Joint Committee; shall send sufficient notices of all meetings and shall send a copy of the Minutes of the Joint Committee after each meeting to the Main Office for distribution to all centers.

The *Treasurer* shall collect all dues and keep a proper record of all receipts and disbursements. She may disburse money only with the approval of the Joint Committee except in an emergency, when a sum not to exceed \$5.00 may be expended with the approval of the Chairman.

ARTICLE IV

Election of Officers

Section 1. It shall be the duty of the Nominating Committee hereinafter mentioned, to receive nominations for all Elective Offices. A list of names of the two candidates receiving the largest number of nominations for each office shall be sent to each center at least two weeks before the annual election.

Section 2. Election of officers shall be held at the annual meetings. Tellers appointed by the chair shall count the ballots and lay the return before the Council.

Section 3. All officers elected according to this article shall begin to serve immediately after the election and shall hold office for one year or until their successors are elected.

ARTICLE V

Standing Committees

Section 1. There will be three standing committees of the Staff Council; the Nominating Committee, the Joint Committee and the Membership Committee.

Section 2. The Nominating Committee shall perform all the duties set forth in Article IV, Section 1, of the By-Laws. The Committee shall consist of five members, to be elected at the November meeting of the Staff Council.

Section 3. The Joint Committee shall consist of: (1) The officers of the Staff Council. (2) Representatives of the Sub-Councils hereafter mentioned, one of whom shall be the Chairman of the Sub-Council. Each such Sub-Council shall be entitled to elect representatives to the Joint Committee as provided in Article VI.

Section 4. It shall be the duty of the Joint Committee to discuss and take action upon all subjects brought up by any member.

Section 5. The Membership Committee shall be made up of a member from each Field Staff Sub-Council. It shall be elected by the Joint Committee at the meeting next following the annual meeting of the Staff Council. It shall be the duty of this Committee to acquaint all new members coming on the Staff with the organization of the Staff Council. It shall forward all applications for membership to the Treasurer.

ARTICLE VI

Organization of Sub-Councils

Section 1. There shall be Sub-Councils as provided in this article.

Section 2. There shall be one Sub-Council of members of the Administrative Staff.

Section 3. There shall be one Sub-Council composed of members of the Supervising Staff.

Section 4. There shall be not less than five Sub-Councils composed of members of the Field Staff, divided according to the location of the offices. Members of these groups shall include the staff doing special work within the area.

Section 5. Each of these Sub-Councils shall elect a Chairman, Vice-Chairman and Secretary to hold office for one year or until their successors are elected.

Section 6. Each of these groups shall have representation on the Joint Committee in the proportion of one to every five or fraction thereof, of active members. These representatives shall hold office for one year, or until their successors are elected.

Section 7. Each Field Staff Sub-Council shall, in addition to the representatives provided for in Section 4 of this article, elect one associate member to attend each meeting of the Joint Committee.

ARTICLE VII

Meetings

Section 1. The regular annual meeting of the Staff Council shall be held in January of each year.

Section 2. A meeting of the Council members of any office may be held in such office at the request of two or more members of that office.

Section 3. There shall be a monthly meeting of the Joint Committee, except during the months of July, August and September.

Section 4. There shall be a monthly meeting of each Sub-Council, except during July, August and September.

Section 5. Special meetings of the Joint Committee may be held at the request of five members of the Committee, or on call of the Chairman.

ARTICLE VIII

Dues

Section 1. Active Members: Annual dues shall be \$4.00, payable \$2.00 in January, \$2.00 in July. A member joining the Staff Council during the year will have one dollar deducted from annual dues for every three months which have elapsed since the beginning of the fiscal year.

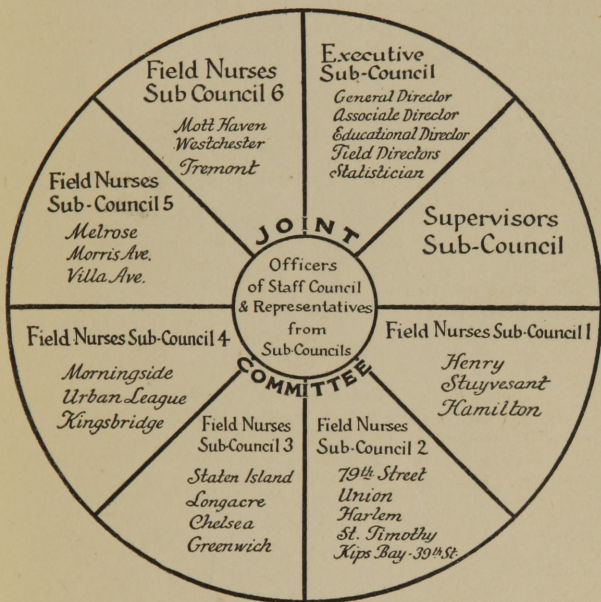
Section 2. Associate Members: Dues shall be \$1.00 for every four months, payable to Treasurer on date of joining Visiting Nurse Service.

ARTICLE IX

Amendments

Amendments to this Constitution and By-Laws may be made by the Staff Council in the annual meeting, or any regular meeting of the Staff Council, provided one month's notice be given of the same. A majority of two-thirds of the votes cast shall be necessary for the adoption of any amendment.

Staff



Council

